



Firm _____

Multiple Offices/Shared Office Space Supplement **S-1**

Multiple Offices

Complete if the Firm has more than one office.

	Location #1	Location #2	Location #3
City/State/Zip Code			
Date Office Established			
Name of Partner in Charge			
Percent of Firm's Professional Staff			
Percent of Firm's Total Revenue			

Shared Office Space

- With what type of business(es) does the Firm share office space? _____
- Does the Firm share any of the following with another business that dwells in the same office space:
 - Business letterhead? Yes No
 - Administrative or professional staff? Yes No
 - Office entrance? Yes No
 - Signage? Yes No
 - Telephone line/number? Yes No
- Does the Firm have any clients in common with the other business? Yes No
- Does the Firm receive referrals from the other business? Yes No
- Does the Firm refer clients to the other business? Yes No

Please explain all "Yes" answers above and include how the Firm retains its independence from the other business(es) from the perspective of the general public.

- Does the other business have professional liability coverage? Yes No

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature _____ Date _____